

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400190056

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 28700 4. Contact Name: Lynn Neely
 2. Name of Operator: EXXON MOBIL OIL CORPORATION Phone: (281) 654-1949
 3. Address: P O BOX 4358 WGR RM 310 Fax: (281) 654-1940
 City: HOUSTON State: TX Zip: 77210-

5. API Number 05-103-07478-00 6. County: RIO BLANCO
 7. Well Name: U S A-PICEANCE CREEK Well Number: F13-1G
 8. Location: QtrQtr: NWSW Section: 1 Township: 2S Range: 97W Meridian: 6
 9. Field Name: PICEANCE CREEK Field Code: 68800

Completed Interval

FORMATION: WASATCH A Status: INJECTING

Treatment Date: 06/16/2011 Date of First Production this formation: 06/16/2011

Perforations Top: 2286 Bottom: 2717 No. Holes: 41 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

The only change to the wellbore was a cement squeeze in the production casing from 1450 feet to 1750 feet completed September 28, 2010. Installed new tbg and packer June 2, 2011. There were no changes to the perforations and no stimulation was performed.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____
Completion Report for conversion of well from producer to injection.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Lynn Neely

Title: Regulatory Specialist Date: _____ Email lynn.r.neely@exxonmobil.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400190070	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)